



TO TEACH WHO CHRIST IS

**ACCOUNT WITHDRAWAL REQUEST\***  
**FINANCIAL OPERATIONS - ARCHDIOCESAN BANK**

**Parish/School Information**

Parish/School Name: \_\_\_\_\_  
Parish/School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone (Primary): \_\_\_\_\_ (Alternate): \_\_\_\_\_

**Withdrawal Information**

Parish/School Account Number: \_\_\_\_\_  
Withdrawal Amount (dollars and cents): \_\_\_\_\_  
Requested Withdrawal Date: \_\_\_\_\_  
Withdrawal Method: Check \_\_\_\_\_  
Wire Transfer \_\_\_\_\_ *(Please complete attached wire request)*  
Internal Account Transfer \_\_\_\_\_ Transfer to Account Number: \_\_\_\_\_  
Case Statement on File? Yes \_\_\_\_\_ No \_\_\_\_\_  
Withdrawal Purpose: \_\_\_\_\_  
\_\_\_\_\_

*\*Please note: If the purpose of this withdrawal is for capital improvement in excess of \$40,000, a Capital Project Initiation form must be completed.*

**Signature**

\_\_\_\_\_  
**Pastor/Principal Signature \*\***

\_\_\_\_\_  
**Date**

*\*\*Please note: Facsimile signatures will not be accepted.*

**Sign & submit request via fax or email to one of the following:**  
**Financial Operations Archdiocesan Bank - Fax (312) 534-5272 or gdsalm@archchicago.org**



TO TEACH WHO CHRIST IS

**WIRE TRANSFER INFORMATION FORM  
FINANCIAL OPERATIONS - ARCHDIOCESAN BANK**

**Wire Transfer Authorization - Recipient (Beneficiary) Information**

Bank Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Credit To Account Number: \_\_\_\_\_

Parish/School Name: \_\_\_\_\_

Parish/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For Bank Use Only**

Verified By	Date / Time	Verified with (Pastor/Principal Name)